



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective 01/13/2005 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/046,618
		Filing Date	October 26, 2001
		First Named Inventor	Steven O. MARKEL
		Examiner Name	J. R. Sheleheda
		Art Unit	2614
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	577172000200
TOTAL AMOUNT OF PAYMENT (\$) 1,690.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952
	Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							Small Entity
Fee Description							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____		=	_____	x	_____	=	_____
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____		=	_____	x	_____	=	_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
_____	- 100 =	_____	/50	_____	(round up to a whole number) x	_____	=
4. OTHER FEE(S)							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: 1253 Extension for response within third month - [1 month previously paid]							900.00
1801 Request for continued examination (RCE) (see 37 CFR 1.114)							790.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,063
Name (Print/Type)	James M. Denaro	Telephone	(703) 760-7739
		Date	January 13, 2005